

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

FRIENDS OF DENNIS ROSS

ADDRESS (number and street)

3310 CLEVELAND HEIGHTS BLVD, #204

☐ (Check if address is changed)

LAKELAND

CITY ▲

FL

STATE ▲

33803

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

eric@robinsongruters.com

Optional Second E-Mail Address

fran@robinsongruters.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

04 / 01 / 2022

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ROBINSON, ERIC, , ,

Signature of Treasurer

ROBINSON, ERIC, , ,

Date

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate ROSS, DENNIS, , ,

Candidate Party Affiliation ☒ REP Office Sought: ☒ House ☐ Senate ☐ President State ☒ FL District ☒ 15

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	☒ C _____
2.	_____	FEC ID number	☒ C _____
3.	_____	FEC ID number	☒ C _____
4.	_____	FEC ID number	☒ C _____

Write or Type Committee Name

FRIENDS OF DENNIS ROSS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

ROBINSON, ERIC, , ,

Mailing Address

133 S HARBOR DRIVE

VENICE

FL

34285

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

941

488

7794

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

ROBINSON, ERIC, , ,

Mailing Address

133 S HARBOR DRIVE

VENICE

FL

34285

Title or Position
TREASURER

CITY

STATE

ZIP CODE

Telephone number

941

488

7794

Full Name of Designated Agent ROBINSON, ERIC, , ,
Mailing Address 133 S HARBOR DRIVE
VENICE FL 34285
CITY STATE ZIP CODE
Title or Position
TREASURER Telephone number 941 - 488 - 7794

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SUNTRUST
Mailing Address 200 SOUTH NOKOMIS AVENUE
VENICE FL 34285
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address
CITY STATE ZIP CODE

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3/17/22, 4:10 PM

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The FEC added this page to the end of this filing to indicate how it was received.

(3/2015)